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ABSTRACT

In response to the Hurricane Hugo disaster, the South Carolina Department of Mental Health (SCDMH) deployed 10 percent of its workforce to serve as members of "Go Teams" that worked with the Charleston Area Community Mental Health Center (CACMHC) staff and provided crisis intervention services to the community. This study examined the response and reactions of mental health workers involved in providing services in the aftermath of a major disaster and during the course of the following year. Three separate groups comprised the sample for the study: (1) clinical and administrative CACMHC staff (N=84); (2) SCDMH "Go Team" members (N=130); and (3) members of the Hugo Outreach Support Team (HOST) who were hired to continue the work of the Go Team (N=24). Separate questionnaires were developed for each group reflecting specific features of the work each was performing in the community; however, all questionnaires had a high degree of overlap to allow for comparisons between groups. Questionnaire responses were collected at 2-, 8-, and 12-months post-hurricane. Overall, individuals tended to view themselves as better adjusted than other staff, community members, and clients at each assessment. Even one year following a disaster of this magnitude, mental health staff were still experiencing significant residual effects. However, recovery appeared to be following an orderly progressive process. It appears that the reactions of mental health staff were found to parallel those of individuals going through a grieving process. (LLL)

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IN THE EYE OF THE BEHOLDER: CMHC REACTIONS TO DISASTER

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ABSTRACT

The present study was designed to evaluate the longitudinal effects of Hurricane Hugo on mental health workers. Reactions of nonresident "Go Teams" from the South Carolina Department of Mental Health were compared to those of a subsequent Hugo Outreach Support Team, and the resident staff of the Charleston Area Community Mental Health Center. Questionnaire responses were collected at two, eight, and twelve months post-hurricane. Overall, individuals tended to view themselves as better adjusted than other staff, community members, and clients at each assessment. Negative ratings of others were associated with current level of hurricane-related stress and negative affect. The data suggest that recovery following disaster is an ongoing process with reactions and stages similar to those experienced by individuals going through a grieving process.

In The Eye of the Beholder: CMHC Reactions to Disaster

On the evening of September 21, 1989, Hurricane Hugo made landfall just north of Charleston, South Carolina. This class IV hurricane carried 175 mile-per-hour winds and a tidal surge of 12-23 feet. As a result of the storm, 27 people were killed, homes and buildings were destroyed, and 900,000 people were without electricity. The storm left in its wake over 5.9 billion dollars of property damage.

The Charleston Area Community Mental Health Center (CACMHC) serves an area of over 400,000 inhabitants. With the exception of the main office site, which housed one clinical program, all seven of the remaining program sites sustained moderate to severe damage. These programs were forced to move to temporary sites or share existing space in the main center.

In response to the disaster, the South Carolina Department of Mental Health (SCDMH) deployed 10% of its workforce to serve as members of "Go Teams" that worked with CACMHC staff and provided crisis intervention services to the community. CACMHC staff, most of whom sustained substantial property damage themselves, continued to provide services to approximately 1500 clients, the majority of whom are chronically mentally ill.

The purpose of the present investigation was to examine the response and reactions of mental health workers involved in providing services in the aftermath of a major disaster and during the course of the following year.

METHOD

Three separate groups comprised the sample for the study: (1) Clinical and administrative CACMHC staff (N=84), (2) SCDMH "Go Team" members (N=130), and (3) Members of the Hugo Outreach Support Team (HOST) who were hired to continue the work of the Go Team (N=24).

Separate questionnaires were developed for each group reflecting specific features of the work each was performing in the community; however, all questionnaires had a high degree of overlap in order to allow comparisons between groups. Questionnaires for mental health workers included a 15 item adjective checklist for identification of personal reactions (all groups), reactions observed in other staff members (CACMHC staff only), and reactions observed in clients or community members (all groups). HOST and Go Team questionnaires included questions about the types of services being provided by the respondent. CACMHC staff and Go Team members initially completed the questionnaires eight weeks after the storm (one week following discontinuation of Go Team services). Eight months after the storm, HOST team members completed their questionnaire, and CACMHC staff were reassessed with a reduced version of the original questionnaire. At the one year anniversary of Hurricane Hugo, both CACMHC staff and HOST team members again completed the questionnaires.

RESULTS AND DISCUSSION

Go Teams and HOST

Examination of the activities performed by each group revealed that the Go Teams were more diverse in the services they provided (e.g., counseling to manual labor) than were HOST team members who primarily provided counseling, advocacy, and needs assessment. Indeed, the major contribution listed by the Go Team and HOST were food/supplies/manual labor and counseling/support, respectively. At the one year follow-up, HOST members were still primarily involved in the provision of counseling services with a marked reduction in advocacy (92% vs. 36%), work with Red Cross/Salvation Army (75% vs. 55%), and needs assessment (88% vs. 36%). Table 1 reveals that the three most dominant reactions observed in the community by the Go Team members and HOST members at 2 months, and 8 months respectively were similar. However, at the one year follow-up, HOST members reported an increase in the amount of anger and grief observed in the community as well as a continued sense of powerlessness.

TABLE 1

Dominant Reactions Observed in the Community

by GO and HOST Teams

T_1 (Go Team)	T_2 (HOST)	T_3 (HOST)
Powerlessness	Powerlessness	Anger/irritability
Anger/irritability	Anger/irritability	Grief
Confusion	Confusion	Powerlessness

TABLE 2

Dominant Reactions Experienced by GO and HOST Teams

T_1 (Go Team)	T_2 (HOST)	T_3 (HOST)
Sadness	Powerlessness	Hopefulness
Powerlessness	Hopefulness	Sadness
Disbelief	Satisfaction	Satisfaction

Table 2 reveals that the three most dominant reactions experienced by the Go and HOST Team members over the three time periods. The differences between these groups might reflect HOST members' feelings (hope, satisfaction) about the work that they had accomplished in the community during the preceding six months. Interestingly, at the one year follow-up, HOST members' dominant reactions shifted from powerlessness to

hopefulness, sadness and satisfaction, reflecting perhaps an increase in their confidence to assist others while still sad about the plight of those still suffering the effects of the hurricane.

CACMHC Staff

Damage to property and possessions reported by CACMHC staff was significant. Estimated damages totaled over one million dollars and averaged 17,000 dollars per staff member. The number of staff members reporting that they were experiencing moderate to severe levels of stress decreased significantly over time (75%, 25%, 9% for 2 months, 8 months, and 1 year respectively). However, 53% of the staff reported that they were still feeling the effects of Hurricane Hugo one year after the storm. Table 3 reveals the dominant reactions experienced by CACMHC staff over the three time periods. The rate at which CAMHC staff endorsed different descriptors over time suggests movement in the recovery process across time from shock/denial at two months, to activation and hope at 8 months , to acceptance at one year.

Although the CACMHC staff viewed themselves as becoming more positive over time, they did not perceive the same degree of movement in other staff members or clients. At eight months, staff viewed themselves as experiencing significantly more hopefulness and satisfaction and significantly less denial and minimalization than other staff members. Table 4 indicates that at one year other staff were viewed as continuing to display anger/irritability and minimalization. None-the-less, other CAMHC staff were also perceived as being hopeful.

TABLE 3

Percent of Staff at Each Assessment Interval Who Endorsed

Each Mood Descriptor as Self-Relevant

Adjective	T_1	T_2	T_3
Disbelief	51.2*	26.2	8.5
Powerlessness	46.4*	28.2	10.6
Sadness	40.5*	34.5*	26.6*
Anger/irritability	39.3	31.0*	11.7
Grief	25.0	11.9	13.8
Confusion	25.0	10.7	6.4
Scared	21.4	1.2	4.3
Bewildered	17.9	7.1	5.3
Guilt	11.9	1.2	2.1
Minimalization	11.9	19.0	9.6
Hopefulness	10.7	40.5*	41.5*
Fear	8.3	8.3	7.4
Happy	7.1	13.1	8.5
Denial	4.8	3.6	3.2
Satisfaction	2.4	16.7	20.2*

Note: *Denotes the three descriptors endorsed most frequently at each assessment phase.

TABLE 4

Dominant Reactions Observed in Other Staff

T_1	T_2	T_3
Anger/Irritability	Anger/Irritability	Hopefulness
Powerlessness	Minimalization	Minimalization
Disbelief	Powerlessness	Anger/Irritability

Similarly, Table 5 reveals that over the three time periods clients were consistently viewed as feeling powerless, confused and fearful.

TABLE 5

Dominant Reactions Observed in Clients

T_1	T_2	T_3
Confusion	Powerlessness	Powerlessness
Anger/Irritability	Minimalizing	Fearful
Powerlessness	Anger/Irritability	Confusion

Analyses of relations between ratings indicated that at both the eight-month and the one-year follow-up, CACMHC staff were more likely to be experiencing feelings of depression (e.g., sadness, grief) and feelings of frustration (e.g., anger/irritability, powerlessness, confusion) if they reported that they were still experiencing effects from Hurricane Hugo. At both time intervals, feelings of depression and frustration were also associated with higher reported levels of stress and reports that one's family/home concerns conflicted with the performance of one's job. Higher levels of frustration were associated with reporting a lower overall level of functioning for clients. Staff reporting higher levels of family/home-job conflict reported seeing more grief in other staff members. At the eight-month follow-up, higher levels of damage associated with the hurricane was related to higher levels of depression. Staff members who endorsed more descriptors indicating a higher level of depression and and descriptors indicating a higher level of negative affect were significantly more likely to report that they felt as if "the worst was yet to come." There were also significant positive associations between self-reports of negative affect (e.g., fear, scared) and reports of seeing a high degree of negative affect displayed by other staff and clients.

SUMMARY AND CONCLUSIONS

Overall, the results of this study indicate that even one year following a disaster of this magnitude, mental health staff are still experiencing significant residual effects. However, the data also suggests that recovery appears to be following an orderly progressive process. Perhaps most interesting is the discrepancy between self reactions and perceptions of reactions in co-workers. The analyses suggest that one's own reactions "color" perceptions of others -- perhaps viewing co-workers as more severe than oneself is a "protective" downward comparison. In summary, it appears that these data might be seen as indicating that the reactions of mental health staff parallel those of individuals going through a grieving process.